



27 October 2015

Dear Mr McNeil

**Call for evidence – Scrutiny of the draft budget 2016-17 - Prevention**

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses with around 425,000 members, of which around 39,000 are in Scotland. Nurses and health care support workers make up the majority of those working in health services and their contribution is vital to delivery of the Scottish Government's health policy objectives.

Please find attached the RCN response to the call for evidence on

Yours sincerely,

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**Theresa Fyffe**  
**Director**

**RCN Scotland response to the Finance Committee call for evidence - scrutiny of the draft budget 2016-17 – prevention.**

We welcome the opportunity to respond to the Finance Committee's call for evidence on the progress being made in reforming Scotland's public services and delivering the decisive shift towards prevention including.

The Royal College of Nursing is the world's largest professional union of nurses, representing around 415,000 nurses, midwives, health visitors, nursing students and health care support workers, including nearly 40,000 in Scotland. Our members work across the NHS, third and independent sectors.

Many of the questions asked in this call for evidence were addressed by the RCN in our 2010 contribution to a previous finance committee's preventative spend inquiry<sup>1</sup> along with our evidence to this finance committee on the 20106

As part of our work on sustainability this year, we have called for a root and branch review of the target culture within the NHS which is “often skewing political priorities, wasting resources and focusing energy on too many of the wrong things”.

In practice, investment tends to follow high-profile performance measures, like the 4 hour A&E standard. This may result in some improvements once people have been admitted to hospital in an emergency, but generally we do not see it prompting investment in interventions which might, in the long term, reduce demand on hospital emergency departments in the first place.

The RCN has recently been discussing how to address these issues with many of Scotland’s major health and care related third sector organisations and we will continue to develop ideas for improvements. It is, nevertheless, for the Scottish Government to agree how national measures of success, which focus local investment decisions, are changed to prioritise preventative activities over the long-term.

### *Central government*

The way in which the current Scottish budget is split, scrutinised and allocated by portfolio does not allow for easy conversations about the consequences of, for example, increased or reduced investment in housing or social care on health spending or outcomes.

Whilst we appreciate the challenge the Scottish Government and Scottish Parliament would face in changing their approach to the budget, measuring successful investment in prevention strategies cannot be done through an isolated, siloed approach.

### **How do we ensure that the necessary culture change and greater levels of integration takes place? How do we create a culture of innovation?**

By addressing the barriers set out above we believe that this will allow for greater innovation. That said, organisations are often already working in innovative ways, focussing on tackling complex issues with an eye on prevention.

RCN has been working hard to support and publicise practical activities intended to increase the emphasis on prevention, reduce inequalities and improve the long-term health of the population.

Our work on the Children and Young People’s Act, has resulted in a commitment to train 500 new health visitors for Scotland. These health visitors are a core part of Scotland’s workforce and can help to ensure long-term positive outcomes for children through sustainable, universal early years intervention. We have also actively supported the Chief Nursing Officer’s review of health visiting and school nursing to ensure these nurses are supported to deliver better care with manageable caseloads.

We have carried out work which focuses on how nursing staff are working to reduce health inequalities through innovation across Scotland. Our Nursing at the Edge<sup>3</sup> campaign gave practical examples of positive interventions for some of the most marginalised people in our communities. These examples could be developed in

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<sup>3</sup> RCN Scotland’s Nursing at the Edge report ‘Time to Change’ can be found here: <http://nursesday.rcn.org.uk/page/-/scotland/Health%20inequalities.pdf>



## **How should community planning be developed to support service integration and the focus on prevention?**

The integration of health and social care gives us an unparalleled opportunity to radically alter how services and community assets are focused in line with the recommendations of the Christie Commission.

We are already working with the Scottish Government to ensure that nurses are equipped with the skills and knowledge they need to be a part of integrated services. Our support programme, funded by the Scottish Government, has supported 140 nurse leaders across Scotland to implement integration in their areas and contribute directly to the integrated strategic planning process set out under the Public Bodies Act. However, we should not underestimate the far-reaching nature of the reforms that frontline practitioners and professional leaders are grappling with to make the step change in care that is required.

Over the past five years, RCN Scotland has committed significant resource and effort to influence the development of integration. This has included leading a partnership of professional, third and independent sector bodies to embed quality-based integration principles in the Act, which also includes a specific focus on prevention. All bodies planning, delivering and scrutinising integrated services must now have regard to these.

We have also worked and continue to work to develop our relationship with Social Work Scotland. In particular, we have brought together frontline managers in nursing and social work to support them to integrate local teams on the basis of shared, person-centred values.

## **What lessons can we learn from other countries in delivering a preventative approach?**